

EQIP Champions Monthly Call Planner

Tuesday 17 December 2019

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call
2:00

Tuesday 21 January 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call
2:00

Tuesday 18 February 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call
2:00

Tuesday 17 March 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call
2:00

Tuesday 29 April 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call
2:00

Wednesday 13 May 2020

ALL EQIP CHAMPIONS	NUMBER
	T:0800 022 9851
	Pin: 988627

1:00 Monthly RCPCH EQIP call
2:00

PROGRESS REPORT

EQIP champion name: Fiona Short

Trust/Health Board team name: SODGH

Trust/Health Board team members:

Dr Shyam Mariguddi, Dr Usha Natarajan, Andrew Bowness (PA) Fiona Short (ESN)

Project Aim — By collecting feedback from our patients and families we can look at our service and see if and what needs to be changed. We ourselves have a number of ideas but want to see what our patients require.

Initially we hoped to get 50 responses to our questionnaires by May. We have 42 so far.

Changes have been made and further changes are planned.

Planned tests:

- 1 – Simple test ask if patients and their families are happy to provide feedback for us.
2. First questionnaire produced and sent to Epilepsy and us for feedback / ideas for improvement before being given to CYP and their families.
3. Implementing Agenda setting in clinic as a means of promoting and supporting patient -centred/ patient led clinics.
4. Distribution of questionnaires to our caseload.
5. Look into the possibility of setting up a Skype clinic.

Results: 1 - Positive – all asked agreed to help with feedback.

2 – We are awaiting feedback from Emma or someone in her team regarding our patient questionnaire. The hope is to start using it next week. – We have started distributing the questionnaires.

3 - **Good results.** We have given out 11 questionnaires, all of which have been completed . We are going to post questionnaires out to 20 families who will not be attending clinic soon . On the negative side – some families only filled in one side of the questionnaire. Also managed to get 20 envelopes franked !

4. Update –we have had some feedback from Emma at RCPCH and now have version number 3 of the questionnaire !

5. We have received 42 completed questionnaires. 20 were posted out with stamp addressed envelopes – only 3 returned we live in hope of the remainder being completed.

6. Interesting results the overall consensus is that the clinic times are “just right” with 2 comments of “it depends what for .” 30 out of 42 people preferred morning time slots and 7 preferred evening timeslots. 2 people ticked all 3 time slots.

7. We asked about telephone and skype consultations. 18 respondents wanted telephone consultations, 4 wanted skype / video consultations and 4 said both 2 people were unsure. The rest did not complete this question as they did not turn the page.

Challenges – Coming up with questions that are suitable ! Being able to get representation from our families who are not due to attend clinic soon . Even sending out stamp addressed envelopes did not ensure we got all the replies back (received 3 out of 20!) Also getting people to turn over the page was a challenge meaning not all questions were answered.

Annual leave and having the time to get together every week . (Recurring theme which we learn to tolerate and work around as we do not want to moan about it !)

IT – we are going to need the help of IT to move forwards at present IT are under a lot of strain and so our request is at the bottom of the pile.

Successes –

As a team we definitely talk more either face to face or by email .Ongoing discussion with senior management regarding expansion of ESN provision. Discussion with Psychology about meeting requirements of BPT and involvement in the wider MDT for our children .

Implementing small changes all of the time that will impact patients and families, some straight away (agenda setting) some in the more longer term (questionnaire and feedback exercise).

We continue to use Agenda Setting in clinic with good results..

Epilepsy awareness evening to be arranged.

Ongoing discussions with management / psychology

We have had 42 completed questionnaires ! Gaining useful feedback which has given us food for thought.

A request is currently being managed by IT department for a generic team email address in order to share the burden / load of email / video queries.

We are looking into the possibility of holding Skype clinics and are liaising with IT. Telephone clinics are often offered to parents presently on an ad-hoc basis. We are looking at the current clinic format to see how this could be altered. Andrew and I have started to cover more clinics for Dr Mariguddi when required. There were a couple of mixed comments about clinics with some people preferring to see a doctor in person and some feeling that if the child was well, it would prevent an un-necessary trip to hospital.

We now have a speaker phone in clinic – this will help with telephone consultations as the team can be included.

Also there is more confidence in the team and we are upskilling all of the time.

We have taken on board some of the ideas from our peers – thank you for all your ideas.

EQIP PDSA cycle .

PDSA Test 4.

Team: Southport and Ormskirk DGH

Plan: Distribution of questionnaires to parents / families and young people within our service.

Describe the Test: As a team we have devised a questionnaire which we are giving to our CYP and families in order to meet our aim and ultimately improve our service. We have since revised this questionnaire after gaining invaluable feedback from Emma at RCPCH and Us.

Desired Outcome? The clinic , appointments and delivery may need to change in order to best meet the needs of our patients and families. Also, is there anything that we are missing ? What do are C&YP and families actually want ?

What Will It Improve? Communication, patient-centred care, the patient experience overall. Better quality care which is shaped / influenced by our service users and their families.

What is Our Prediction on Impact? We predict that our families will be happy to complete the survey and that the results of the survey can help us to shape our future service. Our prediction was pretty accurate overall however, when it comes to completion it appears that the best way forward is to give them out at clinic appointments.

Do: Start to make sense of the results –“You said we did”

Collect Data and Analyze:

Data has been collected over a 6 week period thus far. We have had 42 responses from our families.

Study:

What Did We Learn?

Thus far, we have learnt that families perceive their clinic time slots to be just right, but they vary when it comes to preferred clinic times.. Some families forgot to do the other side of the questionnaire – will revise with a PTO at the bottom! - this still did not help for everyone !

2 families mentioned the fact that Sefton is not covered by the epilepsy nurse.

1 parent commented that they would like referrals for additional help to be made for them rather than asking school / GP to do.

1 family wanted to be able to get their child' s chest listened to and general health information for viruses.

1 family mentioned that although they have always felt included and respected by our team, they would like to see more consideration and communication to help them engage.

Skype / video consultations were popular with 4 families and telephone consultations with 18 families.

Act:

What Should We Do?

(Circle One):

ADD REVISE WITH ANOTHER PDSA SCRAP THE IDEA

1. We will continue to give out the questionnaires in our clinics .
2. We will compile feedback to parents and families in the form of a “you said , we did” board or poster.
3. We will use the data obtained to make any changes to our clinics.
4. Continue to liaise with IT regarding Skype clinics.